

# Hospitals

## Supplement 7



This is an attachment to the Trade Waste Discharge Permit Application. Please provide the following information about your business operations (or intended operations.) This will help us verify appropriate waste treatment and charging.

**Business trading name** \_\_\_\_\_

### 1. Business Details

Total No. Beds \_\_\_\_\_ beds

Average Occupancy \_\_\_\_\_ beds

List any separate businesses located on site (eg. cafes, pathology, x-ray, specialist rooms)

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| Office Use Only  |                             |
|--|-----------------------------|
| Separate permits required for above businesses? Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### 2. Hospital Facilities

Which of the following departments/facilities exist on site?

Theatre Yes  No

Anaesthesia Yes  No

Endoscopy Yes  No

Central Sterilising Yes  No

Hydrotherapy Pool Yes  No

Bin Wash to sewer Yes  No

Mortuary Yes  (see below) No

Number of autopsies performed per year \_\_\_\_\_

Radiology Yes  (see below) No

Number of wet x-ray processing units \_\_\_\_\_ units

Average hours machines used per day \_\_\_\_\_ hours

Number of days per week machines are used \_\_\_\_\_ days

| Office Use Only   |                                 |
|---|---------------------------------|
| Standard number of days a year = _____ processing units x | average hours                   |
| per day each x  | number days per week x 52 ÷ 9 = |
|   | days per year.                  |

Renal Dialysis Yes  (see below) No

Number of dialysis machines at the hospital \_\_\_\_\_ machines

# Hospitals

## Supplement 7



Average hours machines used per day \_\_\_\_\_ hours per day

Number of days per week machines are used \_\_\_\_\_ days

Laboratory? Yes  (see below) No  (Go to Q3)

No. of laboratories \_\_\_\_\_

Types of labs:  Microbiology  Pathology  Biochemistry  Haematology  Other

### 3. Bedpan Macerators

Do you intend to install bedpan disposal macerators? Yes  No

If yes, what type? \_\_\_\_\_

How many? \_\_\_\_\_ macerator(s)

### 4. Kitchen

Does the hospital operate a kitchen on site? Yes  (see below) No  (Go to Q5)

The kitchen prepares meals from raw materials.

The kitchen heats pre-prepared meals only.

Number of patient beds the kitchen caters for \_\_\_\_\_ people

Number of additional meals a day for hospital personnel \_\_\_\_\_ meals

Does the kitchen prepare meals for external facilities (eg. aged care, meals on wheels)?

Yes  (see below) No

Type of facility \_\_\_\_\_

No of external meals prepared by the hospital each day \_\_\_\_\_ meals

#### Office Use Only

Patient Beds (Q3.4)\_\_\_\_\_ + Personnel Meals (Q3.5)\_\_\_\_ ÷ 3 + External Meals (Q3.6)\_\_\_\_\_ ÷ 3 =  
Total Equivalent Beds catered for by the kitchen = \_\_\_\_\_ TEB

### 5. Cafeteria

Does the hospital operate a Cafeteria? Yes  (see below) No  (Go to Q6)

Some meals are prepared from raw materials Yes  (see below)

How many meals prepared per day \_\_\_\_\_ meals

**OR**

The cafeteria serves light snacks and/or heats pre-prepared meals only Yes

### 6. Laundry Facilities

Does the hospital operate a laundry? Yes  (see below) No  (Go to Q7)

# Hospitals

## Supplement 7



Number of hospital beds the laundry serves \_\_\_\_\_ beds

Does the hospital laundry service any external facilities (eg. aged care facilities)?

Yes

No

Type of facility \_\_\_\_\_

Number of external beds the laundry processes per day \_\_\_\_\_ beds

### 7. Boiler

Does the hospital operate a boiler? Yes  (see below) No  (Go to Q8)

Does the blowdown discharge to sewer? Yes  (see below) No

If the following information is readily available, please complete:

Boiler bleed rate \_\_\_\_\_ litres/sec

Volume of annual dumps \_\_\_\_\_ kl/yr

**OR**

Total estimated annual discharge \_\_\_\_\_ kl/yr

### 8. Air Conditioning

Does cooling tower or other air conditioning wastewater discharge to sewer?

Yes  (see below)

No  (Go to Q9)

If the following information is readily available, please complete:

Total bleed rate \_\_\_\_\_ L/sec

Volume of annual dumps \_\_\_\_\_ kl/yr

Total estimated annual discharge \_\_\_\_\_ kl/yr

### 9. Glutaraldehyde Usage

Does the hospital use any chemicals that contain glutaraldehyde?

Yes  (provide details below)

No  (Go to Q10)

Examples of chemicals containing glutaraldehyde include Aidal Plus (21g/L glutaraldehyde), Cidex (2% glutaraldehyde) and Medizyme (2% glutaraldehyde). Information for this section is generally obtained from the store or similar.

| Chemical Name | Glutaraldehyde proportion | Average volume used per year (litres) |
|---------------|---------------------------|---------------------------------------|
|               |                           |                                       |
|               |                           |                                       |
|               |                           |                                       |

### 10. External Users of Hospital Facilities

Do any external people (eg. undertaker, mobile x-ray) use the hospital facilities?

Yes  (see below)

No  (Go to Q11)

# Hospitals

## Supplement 7



Type of service \_\_\_\_\_

Type of waste \_\_\_\_\_

Estimated discharge volume per year \_\_\_\_\_

### 11. Other Wastewater Streams

Please detail any wastewater streams on site that are not derived from facilities included in this questionnaire that may discharge more than 1kL a week to sewer.

Where possible please indicate:

- Source of wastewater
- Any potential contaminants in the discharge
- Estimated weekly volume of discharge.

### 12. Declaration

I, the undersigned, declare that all relevant information and data is included in this questionnaire and is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position / Title \_\_\_\_\_